NOTICE OF EXEMPT RULEMAKING

TITLE 9. HEALTH SERVICES

CHAPTER 25. DEPARTMENT OF HEALTH SERVICES

EMERGENCY MEDICAL SERVICES

PREAMBLE

1. **Sections Affected** — **Rulemaking Action**

R9-25-503	Amend
Exhibit 1	Repeal
Exhibit 2	Repeal
Exhibit 3	Repeal
R9-25-512	New Section

2. **The statutory authority for the rulemaking, including both the authorizing statute (general) and the statutes the rules are implementing (specific):**

Authorizing statutes: A.R.S. §§ 36-136(F) and 36-2209(A)(2)

Implementing statute: A.R.S. § 36-2205(A)

Statute or session law authorizing the exemption: A.R.S. § 36-2205(C)

3. **The effective date of the rules:**

January 6, 2007

4. **A list of all previous notices appearing in the Register addressing the exempt rules:**

None

5. **The name and address of agency personnel with whom persons may communicate regarding the rulemaking:**

Name: Terry Mullins, Bureau Chief
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Bureau of Emergency Medical Services
150 N. 18th Ave., Suite 540
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or

Name: Kathleen Phillips, Rules Administrator
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6. An explanation of the rule, including the agency's reasons for initiating the rule:

The provisions in this rulemaking were created by the Arizona Department of Health Services (ADHS) with input from the Prehospital Drugs Rulemaking Task Force (Task Force), a group whose membership drew from each EMS region in the state and represented EMT-Paramedics (EMT-Ps); EMT-Basics (EMT-Bs); EMT-Intermediates (EMT-Is); administrative medical directors; on-line medical directors; ALS base hospitals; the air ambulance industry; the ground ambulance industry; the Arizona Fire District Association; the Arizona Hospital and Healthcare Association; the Protocols, Medications, and Devices Committee; and an ALS base hospital pharmacy. Although not all members of the Task Force attended meetings, ADHS kept the entire Task Force membership informed of the meetings and the revisions to the draft rules through e-mails.

The Task Force met four times in January through March 2006 and considered four different versions of the rule changes contained in this rulemaking and a companion regular rulemaking. Through the Task Force meetings, ADHS and the Task Force were able to reach consensus on the provisions of this rulemaking. ADHS then obtained a recommendation to go forward with the provisions of this rulemaking at the April 2006 Emergency Medical Services Council (EMS Council) and Medical Direction Commission (MDC) meetings. After the EMS Council and MDC recommendations, ADHS made two additional substantive changes to the rulemaking:

- To allow an EMT-B to administer electrolytes/crystalloids if authorized under R9-25-505, and
- To rephrase and add "if applicable" to R9-25-503(C) to be consistent with the wording of the proposed R9-25-204(F)(6) and R9-25-210(D)(3) in the companion regular rulemaking.

ADHS believes that these changes are necessary and consistent with the intentions of the EMS Council and MDC.

In this rulemaking, ADHS:

- Clarifies EMT authorization to administer, monitor, and assist in patient self-administration of agents;

- Reduces the scope of practice of an EMT-I(99) to be more consistent with the National Highway Traffic Safety Administration EMT-I(99) National Standard Curriculum, with a two-year grandfather clause for those EMT-I(99)s certified before the effective date of the rules; and
- Consolidates all of the current drug lists into one table in R9-25-503.

7. A reference to any study relevant to the rule that the agency reviewed and either relied on in its evaluation of or justification for the rule or did not rely on in its evaluation of or justification for the rule, where the public may obtain or review each study, all data underlying each study, and any analysis of each study and other supporting material:

None

8. A showing of good cause why the rule is necessary to promote a statewide interest if the rule will diminish a previous grant of authority of a political subdivision of this state:

Not applicable

9. The summary of the economic, small business, and consumer impact:

Not applicable

10. A description of the changes between the proposed rules, including supplemental notices, and final rules (if applicable):

Not applicable

11. A summary of the comments made regarding the rule and the agency response to them:

Not applicable

12. Any other matters prescribed by statute that are applicable to the specific agency or to any specific rule or class of rules:

Not applicable

13. Incorporations by reference and their location in the rules:

None

14. Was this rule previously made as an emergency rule? If so, please indicate the Register citation.

No

15. The full text of the rules follows:

TITLE 9. HEALTH SERVICES

CHAPTER 25. DEPARTMENT OF HEALTH SERVICES

EMERGENCY MEDICAL SERVICES

ARTICLE 5. MEDICAL DIRECTION PROTOCOLS FOR EMERGENCY MEDICAL TECHNICIANS

Section

R9-25-503. Protocol for ~~Drug Box Procedures~~ an EMT to Administer, Monitor, or Assist in Patient Self-Administration of an Agent

~~**A.** In addition to the definitions in R9-25-101, the following definitions apply in this protocol unless otherwise specified:~~

~~1. "Accredited health care institution" means the same as the definition in A.R.S. § 36-401.~~

~~2. "Accredited hospital" means the same as the definition in A.R.S. § 36-401.~~

~~3. "Agency" means the same as the definition in R9-25-101.~~

~~4. "Base hospital" means the same as the definition of "advanced life support base hospital" as defined in A.R.S. § 36-2201.~~

~~5. "Base hospital medical director" means a physician who meets the requirements in R9-25-207.~~

~~6. "Controlled substance" means the same as the definition in A.R.S. § 32-1901(12).~~

~~7. "Drug" means any of the medications in Exhibit 1 and Exhibit 2.~~

~~8. "Drug box" means a container to hold the drugs in Exhibit 1.~~

~~9. "EMT-B" means a basic emergency medical technician and is the same as the definition in A.R.S. § 36-2201.~~

~~10. "Independent supplier" means an entity permitted by the State Board of Pharmacy pursuant to A.R.S. § 32-1929 to sell or stock drugs.~~

~~11. "Interfacility transport" means a prearranged ambulance transport of an individual receiving medical care from one licensed accredited hospital or licensed accredited health care institution to another licensed accredited hospital or licensed accredited health care institution.~~

~~12. "License" means the written authorization issued by the Department under A.R.S. Title 36, Chapter 4.~~

~~13. "Monitor" means:~~

~~a. To observe the administration rate of a drug and the response to the drug by the individual receiving the drug, or~~

~~b. The ongoing responsibility to check the contents of a drug box as required in subsection (C)(4).~~

~~14. "Physician" means an individual licensed pursuant to A.R.S. §§ 32-1301 or 32-1701.~~

~~15. "Qualified EMT-I" means an intermediate emergency medical technician who has completed the:~~

a. EMT-Intermediate National Standard Curriculum 1998, as contained in the Arizona EMT-Intermediate Curriculum, September 1, 2001, incorporated by reference in R9-25-802(3)(b); or

b. Arizona EMT-Intermediate Transition Course, February 15, 2002, incorporated by reference in R9-25-802(3)(c).

16. "Registered nurse" means an individual licensed pursuant to A.R.S. § 32-1601.

B. Only an individual authorized under R9-25-608(B) or a registered nurse may administer a drug under the medical direction of a medical direction authority.

1. When a controlled substance is ordered, an EMT-I, EMT-P, or registered nurse shall document the order on a first care form and a medical direction authority shall sign the form.

2. A copy of the first care form in subsection (B)(1) shall be delivered to the pharmacy of the base hospital or receiving health care institution within 72 hours after the order is issued.

C. A base hospital, receiving health care institution, or independent supplier who elects to provide the drugs listed in Exhibit 1 to an agency shall establish a written agreement with the agency to document:

1. Written policies established by the base hospital, receiving health care institution, or independent supplier addressing requirements for secured drug boxes, distribution of drugs, drug box recordkeeping, and reporting.

2. An agency's responsibility to provide a base hospital, a receiving health care institution, or an independent supplier with drug boxes that:

a. Are washable.

b. Are capable of being locked.

c. Are large enough to contain all of the drugs listed in Exhibit 1.

d. Include a listing of the location and identification of drugs.

3. An agency's assurance that:

a. A drug box is stored in a locked compartment which provides security and that restricts movement of the drug box while vehicle is in motion.

b. Unauthorized individuals do not have access to a drug box.

c. The contents of a drug box are maintained at temperatures recommended by the drug manufacturer.

d. When a drug box is assigned to an EMT-I, EMT-P, or a registered nurse, the name of the EMT-I, EMT-P, or registered nurse, and the time and date of

assignment are recorded in writing. An agency shall maintain the record for 30 calendar days from the date of entry.

4. An EMT-I, EMT-P, or a registered nurse shall:

a. Monitor the contents of a drug box for expired drugs, deteriorated drugs, damaged drug containers or labels, altered drug containers or labels, or missing drugs. If any of these conditions occur, the EMT-I, EMT-P, or registered nurse shall notify the supervisor of the EMT-I, EMT-P or the registered nurse, the base hospital, the receiving health care institution's pharmacy, or the independent supplier and return the affected drugs to the base hospital, the receiving health care institution's pharmacy, or the independent supplier.

b. Verify the inventory of a drug box by conducting an inspection of the drug box before delivery to the next assigned EMT-I, EMT-P, or registered nurse. The verification shall be in writing and contain the name or EMT certification number of the EMT-I, EMT-P, or registered nurse conducting the inspection and date and time of inspection.

c. Record each administration of a drug on the individual's first care form and follow the reporting requirements in R9-25-615.

D. Within 72 hours of the discovery of any conditions in subsection (C)(4)(a) for a controlled substance, a base hospital, a receiving health care institution, or an independent supplier shall notify the Department by telephone or facsimile transmission specifying the date of discovery, type of controlled substance involved and type of exception. If the notification is by telephone, the base hospital, the receiving health care institution, or the independent supplier shall send to the Department by certified mail the information contained in this Section.

E. An agency shall exchange or resupply drugs only from a base hospital, a receiving health care institution, or an independent supplier with which the agency has a current written agreement for resupplying drugs:

1. If an agency is obtaining drugs from a base hospital, a receiving health care institution, or an independent supplier that mandates a drug box-for-box exchange, the agency shall obtain sufficient drug boxes to assure the agency's acquisition of a new drug box within 30 minutes of the return of a used drug box to the base hospital or the receiving health care institution.

2. If an agency is obtaining drugs from a base hospital, a receiving health care institution, or an independent supplier that allows drug-for-drug exchange, the agency shall ensure that

~~an EMT-I, EMT-P, or a registered nurse documents the exchange on a form that includes the name of the drug exchanged and the date and time of exchange.~~

~~**F.** Except as provided in subsection (I), a base hospital's pharmacy, a receiving health care institution, or an independent supplier shall provide the contents of a drug box in the supply ranges set forth in Exhibit 1.~~

~~**G.** Except for a controlled substance, a medical director of a base hospital may request permission to provide a drug in an amount that exceeds the supply range in Exhibit 1.~~

~~1. The medical director of a base hospital shall submit a request in writing to the Department that contains:~~

~~a. The name of the agency for whom the exception is being requested,~~

~~b. The name of the drug,~~

~~c. The additional amount of the drug being requested,~~

~~d. The reason for the request, and~~

~~e. The signature of the medical director.~~

~~2. Within 15 working days after receipt of a request, the Department shall review the request and:~~

~~a. Approve the request after determining that the request protects public health and safety based on such factors as the response area, response time, or location of supply;~~

~~b. Deny the request after determining that the request fails to provide for protection of health and safety.~~

~~**H.** A certified emergency medical technician authorized by R9-25-508 or R9-25-608 shall receive approval of the base hospital medical director before interfacility transport of an individual receiving any drug listed in Exhibit 2. An EMT-I or EMT-P shall receive training in the administration of an Exhibit 2 drug before monitoring an IV infusion delivery during interfacility transport of an individual. Before an infusion pump is used for drug delivery, an EMT-I or EMT-P shall receive training in the administration of an Exhibit 2 drug and the use of the infusion pump that will be used to administer the Exhibit 2 drug.~~

A. An EMT may administer an agent to a patient if:

1. Table 1 indicates that the agent may be administered by an EMT with the certification held by the EMT;
2. The EMT's administration of the agent complies with any requirements included in this Article related to administration of the agent;
3. The EMT is authorized to administer the agent by:

a. The EMT's administrative medical director; or

b. For an EMT-B who does not have an administrative medical director, the emergency medical services provider for which the EMT-B works; and

4. Administering the agent to the patient is consistent with any administrative medical direction and on-line medical direction received by the EMT.

B. When an EMT administers an agent, the EMT shall document the administration on a prehospital incident history report, as defined in A.R.S. § 36-2220, including at least:

1. Patient name, if available;
2. Agent name;
3. Indications for administration;
4. Dose administered;
5. Route of administration;
6. Date and time of administration; and
7. Patient response to administration of the agent.

C. An EMT shall comply with the written standard operating procedure adopted by the emergency medical services provider for which the EMT works as required under R9-25-204(F)(6) or R9-25-210(D)(3), if applicable.

D. An EMT may monitor an agent listed in Table 1 if:

1. Table 1 indicates that an EMT with the certification held by the EMT may monitor or administer the agent;
2. The EMT has completed training in administration of the agent that included at least the following information about the agent:
   a. Class,
   b. Mechanism of action,
   c. Indications and field use,
   d. Contraindications,
   e. Adverse reactions,
   f. Incompatibilities and drug interactions,
   g. Adult dosage,
   h. Pediatric dosage,
   i. Route of administration,
   j. Onset of action,
   j. Peak effects,
   k. Duration of action,

l. Dosage forms and packaging,

m. Required Arizona minimum supply, and

n. Special considerations;

3. If the agent is administered via an infusion pump, the EMT has completed training in the operation of the infusion pump;

4. If the agent is administered via a small volume nebulizer, the EMT has completed training in the operation of the small volume nebulizer; and

5. If the agent is administered via a central line, the EMT is an EMT-P.

E. An EMT may assist in patient self-administration of an agent if:

1. Table 1 indicates that an EMT with the certification held by the EMT may administer or assist in patient self-administration of the agent;

2. The agent is supplied by the patient;

3. The patient or, if the patient is a minor or incapacitated adult, the patient's health care decision maker indicates that the agent is currently prescribed for the patient's symptoms; and

4. The agent is in its original container and not expired.

Table 1. Authorization for Administration, Monitoring, and Assistance in Patient Self-Administration of Agents by EMT Certification; Identification of Transport Agents; Administration Requirements; and Minimum Supply Requirements for Agents

KEY:

A = Authorized to administer the agent

M = Authorized to monitor IV administration of the agent during interfacility transport, if the IV was started at the sending health care institution

PA = Authorized to assist in patient self-administration of the agent

TA = Transport agent for an EMT with the specified certification

IFIP = Agent shall be administered by infusion pump on interfacility transports

IP = Agent shall be administered by infusion pump

SVN = Agent shall be administered by small volume nebulizer

SVN or MDI = Agent shall be administered by small volume nebulizer or metered dose inhaler

* = Optional agent for a BLS ambulance that is not primarily serving as the first emergency medical services provider arriving on scene in response to an emergency dispatch

** = The minimum supply for an EMT assigned to respond by bicycle or on foot is 2 cubic feet.

*** = An EMT-B may administer if authorized under R9-25-505.

[ ] = Minimum supply required if an EMS provider chooses to make the optional agent available for EMT administration

AGENT	MINIMUM SUPPLY	EMT-P	EMT-I(99) Certified Before 1/6/07	EMT-I(99) Certified On or After 1/6/07	EMT-I(85)	EMT-B
Adenosine	30 mg	A	A	A	-	-
Albuterol Sulfate[SVN or MDI] (sulfite free)	10 mg	A	A	A	A	-
Amiodarone[IFIP]	Optional [300 mg]	A	A	-	-	-
Antibiotics	None	TA	TA	TA	TA	-
Aspirin	324 mg	A	A	A	A	A
Atropine Sulfate	4 prefilled syringes, total of 4 mg	A	A	A	-	-
Atropine Sulfate	8 mg multidose vial (1)	A	A	A	A	-
Blood	None	TA	TA	-	-	-
Bretylium Tosylate[IP]	None	TA	TA	-	-	-
Bronchodilator, inhaler	None	PA	PA	PA	PA	PA
Calcium Chloride[IFIP]	1 g	A	A	-	-	-
Charcoal, Activated (without sorbitol)	Optional [50 g]	A	A	A	A	A
Colloids[=]	None	TA	TA	TA	TA	-
Corticosteroids[IP]	None	TA	TA	TA	TA	-
Dexamethasone	Optional [8 mg]	A	A	A	A	-
Dextrose	50 g	A	A	A	A	-
Dextrose, 5% in H_2O	Optional [250 mL bag (1)]	A	A	A	A	-
Diazepam	20 mg	A	A	A	A	-
Diazepam Rectal Delivery Gel	Optional [20 mg]	A	A	A	A	-

AGENT	MINIMUM SUPPLY	EMT-P	EMT-I(99) Certified Before 1/6/07	EMT-I(99) Certified On or After 1/6/07	EMT-I(85)	EMT-B
Diltiazem[IFIP] or Verapamil HCl	25 mg 10 mg	A A	A A	- -	- -	- -
Diphenhydramine HCl	50 mg	A	A	A	A	-
Diuretics-	None	TA	TA	TA	-	-
Dopamine HCl[IFIP]	400 mg	A	A	-	-	-
Electrolytes/Crystalloids (Commercial Preparations)	None	A	A	A	A	M***
Epinephrine Auto-Injector	2 adult auto-injectors* 2 pediatric auto-injectors*	-	-	-	-	A
Epinephrine Auto-Injector	Optional [2 adult auto-injectors 2 pediatric auto-injectors]	A	A	A	A	-
Epinephrine HCl, 1:1,000	2 mg	A	A	A	A	-
Epinephrine HCl, 1:1,000	30 mg multidose vial (1)	A	A	A	-	-
Epinephrine HCl, 1:10,000	5 mg	A	A	A	-	-
Etomidate	Optional [80 mg]	A	-	-	-	-
Fosphenytoin Na[IP] or Phenytoin Na[IP]	None	TA	TA	-	-	-
Furosemide or, If Furosemide is not available, Bumetanide	100 mg 4 mg	A A	A A	A A	A A	- -
Glucagon	2 mg	A	A	A	A	-
Glucose, oral	Optional [30 gm]	A	A	A	A	A
Glycoprotein IIb/IIIa Inhibitors	None	TA	TA	-	-	-
Heparin Na[IP]	None	TA	TA	-	-	-

AGENT	MINIMUM SUPPLY	EMT-P	EMT-I(99) Certified Before 1/6/07	EMT-I(99) Certified On or After 1/6/07	EMT-I(85)	EMT-B
Ipratropium Bromide 0.02%[SVN or MDI]	5 mL	A	A	A	A	-
Lactated Ringers	1 L bag (2)	A	A	A	A	-
Lidocaine HCl IV-	3 prefilled syringes, total of 300 mg 1 g vials or premixed infusion, total of 2 g	A	A	A	-	-
Magnesium Sulfate [IFIP]	5 g	A	A	-	-	-
Methylprednisolone Sodium Succinate	250 mg	A	A	A	A	-
Midazolam	Optional [10 mg]	A	A	-	-	-
Morphine Sulfate	20 mg	A	A	A	A	-
Nalmefene HCl	Optional [4 mg]	A	A	A	A	-
Naloxone HCl	10 mg	A	A	A	A	-
Nitroglycerin IV Solution[IP]	None	TA	TA	-	-	-
Nitroglycerin Sublingual Spray or Nitroglycerin Tablets	1 bottle 1 bottle	A A	A A	A A	A A	PA PA
Nitrous Oxide	Optional [Nitrous oxide 50% / Oxygen 50% fixed ratio setup with O_2 fail-safe device and self-administration mask, 1 setup]	A	A	A	A	-
Normal Saline	1 L bag (2) 250 mL bag (1) 50 mL bag (2)	A	A	A	A	-
Oxygen	13 cubic feet**	A	A	A	A	A

AGENT	**MINIMUM SUPPLY**	**EMT-P**	**EMT-I(99) Certified Before 1/6/07**	**EMT-I(99) Certified On or After 1/6/07**	**EMT-I(85)**	**EMT-B**
Oxytocin	Optional [10 units]	A	A	A	A	-
Phenobarbital Na[IP]	None	TA	TA	-	-	-
Phenylephrine Nasal Spray 0.5%	1 bottle	A	A	A	A	-
Potassium Salts[IP]	None	TA	TA	-	-	-
Procainamide HCl[IP]	None	TA	TA	-	-	-
Racemic Epinephrine [SVN]	None	TA	TA	-	-	-
Sodium Bicarbonate 8.4%	100 mEq	A	A	A	A	-
Succinylcholine	Optional [400 mg]	A	-	-	-	-
Theophylline[IP]	None	TA	TA	-	-	-
Thiamine HCl	100 mg	A	A	A	A	-
Total Parenteral Nutrition, with or without lipids[IFIP]	None	TA	TA	-	-	-
Vasopressin	Optional [40 units]	A	A	-	-	-
Vitamins-	None	TA	TA	TA	TA	-

Exhibit 1. ~~**EMT-P and Qualified EMT-I Drug List; EMT-I Drug List; EMT-B Drug List**~~ **Repealed**

~~**EMT-P AND QUALIFIED EMT-I DRUG LIST**~~

~~**AGENT**~~	~~**MINIMUM SUPPLY**~~
~~ADENOSINE~~	~~30 mg~~
~~ALBUTEROL SULFATE * (sulfite free)~~	~~10 mg~~
~~AMIODARONE (optional)~~	~~300 mg~~

~~ASPIRIN~~	~~324 mg~~
~~ATROPINE SULFATE~~	~~4 prefilled syringes, total of 4 mg~~ ~~8 mg multidose vial (1)~~
~~CALCIUM CHLORIDE~~	~~1 g~~
~~CHARCOAL, ACTIVATED (without sorbitol)~~	~~50 g~~
~~DEXAMETHASONE~~ ~~(optional)~~	~~8 mg~~
~~DEXTROSE~~	~~50 g~~
~~DIAZEPAM~~	~~20 mg~~
~~DIAZEPAM RECTAL DELIVERY GEL~~ ~~(optional)~~	~~20 mg~~
~~DIPHENHYDRAMINE HCl~~	~~50 mg~~
~~DILTIAZEM~~ ~~(optional)~~	~~25 mg~~
~~DOPAMINE HCl~~	~~400 mg~~
~~EPINEPHRINE HCl, 1:1,000 solution~~	~~2 mg~~ ~~30 mg multidose vial (1)~~
~~EPINEPHRINE HCl, 1:10,000 solution~~	~~6 mg~~
~~ETOMIDATE~~ ~~(optional)~~	~~80 mg~~

~~FUROSEMIDE~~ ~~or~~ ~~If FUROSEMIDE is not available,~~ ~~BUMETANIDE~~	~~100 mg~~ ~~4 mg~~
~~GLUCAGON~~	~~2 mg~~
~~IPRATROPIUM BROMIDE * 0.02%~~	~~5 mL~~
~~LIDOCAINE HCl IV~~	~~3 prefilled syringes, total of 300 mg~~ ~~1 g vials or premixed infusion, total of 2 g~~
~~MAGNESIUM SULFATE~~	~~5 g~~
~~METHYLPREDNISOLONE SODIUM SUCCINATE~~	~~250 mg~~
~~MIDAZOLAM (Versed®)~~ ~~(optional)~~	~~10 mg~~
~~MORPHINE SULFATE~~	~~20 mg~~
~~NALMEFENE HCl~~ ~~(optional)~~	~~4 mg~~
~~NALOXONE HCl~~	~~10 mg~~
~~NITROGLYCERIN TABLETS~~ ~~or~~ ~~NITROGLYCERIN SUBLINGUAL SPRAY~~	~~1 bottle~~ ~~1 bottle~~
~~OXYTOCIN~~ ~~(optional)~~	~~10 units~~

~~PHENYLEPHRINE NASAL SPRAY 0.5%~~	~~1 bottle~~
~~SODIUM BICARBONATE 8.4%~~	~~100 mEq~~
~~SUCCINYLCHOLINE (optional)~~	~~400 mg~~
~~THIAMINE HCl~~	~~100 mg~~
~~VASOPRESSIN (optional)~~	~~40 units~~
~~VERAPAMIL HCl~~	~~10 mg~~
~~NITROUS OXIDE (optional)~~	~~Nitrous oxide 50% / Oxygen 50% fixed ratio setup with O_2 fail-safe device and self-administration mask, 1 setup~~
~~SYRINGES~~	~~1 mL tuberculin (2)~~ ~~3 mL (4)~~ ~~10-12 mL (4)~~ ~~20 mL (2)~~ ~~50-60 mL (2)~~
~~FILTER NEEDLES~~	~~5 micron (3)~~
~~NON-FILTER NEEDLES~~	~~assorted sizes~~
~~INTRAVENOUS SOLUTIONS:~~ ~~(Bulk restricts inclusion of all fluids in drug box)~~ ~~DEXTROSE, 5% in water~~	 ~~250 mL bag (1)~~

~~LACTATED RINGER'S~~	~~1 L bag (4)~~
~~NORMAL SALINE~~	~~1 L bag (4)~~ ~~250 mL bag (3)~~ ~~50 mL bag (2)~~

~~* Administer by nebulizer~~

~~Note: Per Arizona Administrative Code R9-25-803, only appropriate levels of EMT personnel educated in an approved curriculum (covering both IV pumps and the specific drugs named in Exhibit 1 and Exhibit 2 of this Section) and approved by their base hospital medical director may monitor patients on the listed medications during interfacility transports.~~

~~EMT-I DRUG LIST~~

~~AGENT~~	**~~MINIMUM SUPPLY~~**
~~ALBUTEROL SULFATE * (sulfite free)~~	~~10 mg~~
~~ASPIRIN~~	~~324 mg~~
~~ATROPINE SULFATE~~	~~8 mg multidose vial (1)~~
~~CHARCOAL, ACTIVATED (without sorbitol)~~	~~50 g~~
~~DEXTROSE~~	~~50 g~~
~~DIAZEPAM~~	~~20 mg~~
~~DIAZEPAM RECTAL DELIVERY GEL (optional)~~	~~20 mg~~
~~DIPHENHYDRAMINE HCl~~	~~50 mg~~
~~EPINEPHRINE HC1, 1:1,000 solution~~	~~2 mg~~

~~EPINEPHRINE HCl, 1:10,000 solution~~	~~6 mg~~
~~FUROSEMIDE~~ ~~or~~ ~~If FUROSEMIDE is not available,~~ ~~BUMETANIDE~~	~~100 mg~~ ~~4 mg~~
~~GLUCAGON~~	~~2 mg~~
~~IPRATROPIUM BROMIDE * 0.02%~~	~~5 mL~~
~~METHYLPREDNISOLONE SODIUM SUCCINATE~~	~~250 mg~~
~~MIDAZOLAM (Versed®)~~ ~~(optional)~~	~~10 mg~~
~~MORPHINE SULFATE~~	~~20 mg~~
~~NALMEFENE HCl~~ ~~(optional)~~	~~4 mg~~
~~NALOXONE HCl~~	~~10 mg~~
~~NITROGLYCERIN TABLETS~~ ~~or~~ ~~NITROGLYCERIN SUBLINGUAL SPRAY~~	~~1 bottle~~ ~~1 bottle~~
~~OXYTOCIN~~ ~~(optional)~~	~~10 units~~
~~PHENYLEPHRINE NASAL SPRAY 0.5%~~	~~1 bottle~~
~~SODIUM BICARBONATE 8.4%~~	~~100 mEq~~

~~THIAMINE HCl~~	~~100 mg~~
~~NITROUS OXIDE (optional)~~	~~Nitrous oxide 50% / Oxygen 50% fixed ratio setup with O_2 fail-safe device and self-administration mask, 1 setup~~
~~SYRINGES~~	~~1 mL tuberculin (2)~~ ~~3 mL (4)~~ ~~10-12 mL (4)~~ ~~20 mL (2)~~ ~~50-60 mL (2)~~
~~FILTER NEEDLES~~	~~5 micron (3)~~
~~NON-FILTER NEEDLES~~	~~assorted sizes~~
~~INTRAVENOUS SOLUTIONS:~~ ~~(Bulk restricts inclusion of all fluids in drug box)~~	
~~DEXTROSE, 5% in water~~	~~250 mL bag (1)~~
~~LACTATED RINGER'S~~	~~1 L bag (4)~~
~~NORMAL SALINE~~	~~1 L bag (4)~~ ~~250 mL bag (3)~~

~~* Administer by nebulizer~~

~~Note: Per Arizona Administrative Code R9-25-803, only appropriate levels of EMT personnel educated in an approved curriculum (covering both IV pumps and the specific drugs named in Exhibit 1 and Exhibit 2 of this Section) and approved by their base hospital medical director may monitor patients on the listed medications during interfacility transports.~~

~~EMT-B DRUG LIST~~

~~AGENT~~	**~~MINIMUM SUPPLY~~**

~~ASPIRIN~~	~~324 mg~~
~~EPINEPHRINE AUTO-INJECTOR~~	~~2 adult auto-injectors~~ ~~2 pediatric auto-injectors~~

Exhibit 2. ~~**Intravenous Infusions to be Monitored by Appropriate Level of EMT Personnel**~~ **Repealed**

~~**IV INFUSIONS**~~	~~**EMT-B**~~	~~**EMT-I**~~	~~**Qualified EMT-I and EMT-P**~~	~~**INFUSION PUMP**~~
~~AMIODARONE~~			~~X~~	~~X~~
~~ANTIBIOTICS~~		~~X~~	~~X~~	
~~ANTIARRHYTHMICS~~ ~~PROCAINAMIDE HCl~~			~~X~~	~~X~~
~~BRETYLIUM TOSYLATE~~			~~X~~	~~X~~
~~BLOOD~~			~~X~~	
~~CALCIUM CHLORIDE~~			~~X~~	~~X~~
~~COLLOIDS~~ ~~DEXTRAN HETASTARCH~~ ~~SERUM ALBUMIN~~ ~~MANNITOL PLASMANATE~~		 ~~X~~ ~~X~~ ~~X~~	 ~~X~~ ~~X~~ ~~X~~	 ~~X~~ ~~X~~ ~~X~~
~~CORTICOSTEROIDS~~		~~X~~	~~X~~	~~X~~
~~DILTIAZEM~~			~~X~~	~~X~~
~~DIURETICS~~			~~X~~	~~X~~
~~DOPAMINE HCl~~			~~X~~	~~X~~
~~EPINEPHRINE HCl~~			~~X~~	~~X~~

FOSPHENYTOIN Na or PHENYTOIN Na			X	X
GLYCOPROTEIN IIb/IIIa Inhibitors ABCIXIMAB (Reopro ®) EPTIFIBATIDE (Integrelin ®) TIROFIBAN (Aggrastat ®)			 X X X	 X X X
HEPARIN Na			X	X
LIDOCAINE HCl			X	X
MAGNESIUM SULFATE			X	X
MIDAZOLAM (Versed ®)			X	X
MORPHINE SULFATE		X	X	X
NITROGLYCERIN			X	X
OXYTOCIN			X	X
PHENOBARBITAL Na			X	X
POTASSIUM SALTS			X	X
SODIUM BICARBONATE		X	X	
THEOPHYLLINE			X	X
TOTAL PARENTERAL NUTRITION			X	X
VITAMINS		X	X	
WATER/ELECTROLYTES/ CRYSTALLOIDS (COMMERCIAL PREPARATIONS)	X	X	X	

Notes:

1. Only an EMT-P may monitor an intravenous infusion via a central line.

~~2. Per Arizona Administrative Code R9-25-803, appropriate levels of EMT personnel shall be educated in an approved curriculum (covering both IV pumps and the specific drugs named in Exhibit 1 and Exhibit 2 of this Section) and approved by their base hospital medical director, before monitoring patients on the listed medications during interfacility transports.~~

Exhibit 3. ~~Small Volume Nebulizer Medications to be Monitored by Appropriate Level of EMT Personnel~~ Repealed

~~SVN MEDICATION~~	~~EMT-B~~	~~EMT-I~~	~~Qualified EMT-I and EMT-P~~
~~VAPONEFRIN~~			~~X~~

R9-25-512. ~~Repealed~~ Grace Period for EMT-I(99)s Certified Before January 6, 2007

A. Except as provided in subsection (C), an individual currently and validly certified as an EMT-I(99) in Arizona as of January 5, 2007, is authorized, until January 6, 2009, to administer, monitor, assist in patient self-administration of, and use as transport agents the agents authorized in Table 1 for an EMT-I(99) Certified Before 1/6/07.

B. An individual who becomes certified as an EMT-I(99) in Arizona on or after January 6, 2007, is authorized to administer, monitor, assist in patient self-administration of, and use as transport agents the agents authorized in Table 1 for an EMT-I(99) Certified On or After 1/6/07.

C. If an individual described under subsection (A) allows the individual's EMT-I(99) certification to expire before January 6, 2009, the individual no longer qualifies under subsection (A) and instead shall comply with subsection (B).

D. Effective January 6, 2009, an individual described under subsection (A) is authorized to administer, monitor, assist in patient self-administration of, and use as transport agents only the agents authorized in Table 1 for an EMT-I(99) Certified On or After 1/6/07.

E. For purposes of this Section, "currently and validly certified" means holding certification issued by the Department that is not expired, suspended, or otherwise restricted.